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CONFIRMATION NO. 3562

<b>SERIAL NUMBER</b> 10/812,672	<b>FILING OR 371(c) DATE</b> 03/30/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1616	<b>ATTORNEY DOCKET NO.</b> VPI-001	
<b>APPLICANTS</b> Theodore John Cole, Middletown, OH; Michael Christopher Peterson, West Chester, OH;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/459,801 04/02/2003 <i>YES SA</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>NO SA</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 06/08/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>G. J. [Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 22506					
<b>TITLE</b> Therapeutic methods, devices and compositions using combinations of naturally occurring elements					
<b>FILING FEE RECEIVED</b> 410	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		